24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Americas PAC	
	C C00559906
Check if Z 24-hour report 48-hour report New report X Amends report file	ed on 10 29 / Y 2014
Full Name of Payee	Date of Public Distribution/Dissemination
iHeart Media	10 29 2014
Mailing Address 2141 Grand Avenue	Amount
City State Zip Code	975.00
City State Zip Code Des Moines IA 50312	Transaction ID : SE.4380 Date of Disbursement or Obligation
Purpose of Expenditure Media Purchase Category/ Type	10 23 2014
Name of Federal Candidate Support Offi	ice Sought: House District: 00
BRUCE L BRALEY Oppose	President State: IA
Calendar Year-To-Date Per Election for Office Sought Disl 201	bursement For: Primary
Full Name of Payee iHeart Media - Cedar Rapids	Date of Public Distribution/Dissemination
Mailing Address 600 Old Marion Road NE	10 29 2014
Mailing Address 600 Old Marion Road NE	Amount
City State Zip Code	3000.00
Cedar Rapids IA 52402	Transaction ID : SE.4356 Date of Disbursement or Obligation
Purpose of Expenditure Media Purchase Category/ Type	10 / 02 / 2014
Name of Federal Candidate Support Offi	ice Sought: House District: 00
BRUCE L BRALEY Oppose	President State: IA
Calendar Year-To-Date Per Election for Office Sought Dis 20'	bursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3975.00
(a) SOBTOTAL OF HOMEZON MOOPERINGHI EXPENDITURES	3973.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Tom Donelson [Electronically Filed] Date	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	